

Gold Star Daycare & Afterschool Care

16620 71 St NW T5Z0B6

Phone (780)705-1605

E-Mail director@goldstardaycare.ca

Registration form

50.00 Non-refundable registration fee

Start date_____

Childs Name:
Street address:
Date of birth (M/D/Y)
Sex Male or Female

Mothers Name:	Fathers Name:
Mailing Address:	Mailing Address:
Street Address	Street Address:
City	City:
Postal Code:	Postal Code:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Work Location	Work Location:
Email Address	Email Address

Emergency contact Persons: OTHER THAN PARENTS Must supply two contact

Name	Name
Address	Address
Cell	Cell
Work Phone	Work Phone
Home Phone	Home Phone
Relationship To child	Relationship to child

2 Authorized Persons to whom child may be released other than emergencies

1.	2.
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Please fill out an authorization for pick up form if someone other than parent/guardian is picking up.

What is your current marital status of the parents

Married	Separated	Divorced	Widowed	Single
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If separated or divorced please state which parent has legal custody and describe access arrangements below. Legal documents are required when a parent does not have access during daycare hours)

Who lives in he house with your child? (Spouse, sibling, relatives, other children, pets)

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Is your child adopted? _____ Age Adopted _____

Does he/she know? _____

What is your childs ethnic background? _____

Is any other language spoken in your home? If yes, what language _____

Please share any common phrases or greeting you regularly use _____

Are there any special religious or cultural events that are important to your family?

Please describe your previous childcare arrangements

Please describe your child's sleeping patterns: Goes to bed at _____ gets up at _____

Naps at _____ how long _____

How does your child sleep at naptime? Does he/she have any special toys or blankets?

Is your child toilet trained? Yes____ no____ partially____

Are there special words used for bowel movements _____

Urination _____

Does your child wear diapers/pullups? Always _____ Partially _____ Never _____

Naptime _____

Does your child have any strong fears?

Any nervous habits?

Favorite activities?

—

What methods of behaviour management are used in your home?

How does your child react to behaviour management?

Describe your child's appetite?

Favorite food _____ Disliked foods _____

General eating habits: Fork _____ Spoon _____ Knife _____ Cup _____ Bottle _____ Feeds self _____ Needs assistance _____

Does your child have a difficult time when you leave?

____ General concerns Re: health or behaviour?

Parental goals. Please feel free to add any other information or comments that you feel would help us provide the best care possible for your child

Medical Information

Doctor _____ Office number _____

Alberta Health care number: _____

My child's immunization is up to date and current Yes or NO (please circle)

Please indicate if your child has had any of the following illness and provide the dates:

Measles (red) _____ Head Injury _____ Convulsions _____ Rubella _____ Accidental poisoning _____ Whooping Cough _____ Chicken Pox _____ Fracture _____ Bronchitis _____ Mumps _____ Ear infection _____ Other _____

Allergies and or dietary restrictions:

Food _____

Medical _____

Other _____

How does your child react when in contact with said allergen?

—

What immediate first aid should be undertaken?

—

Immunization:

Please sign below if your child's immunization records are up to date and supply a photocopy for your child's file

Parent signature _____

Parental Permission

I _____ give permission for my child _____ to go on walks around the neighborhood. I also give my permission for my child to play in the neighborhood and in the attached playgrounds under the supervisor of the staff of Gold star

Re: permission to seek medical attention

In case of a medical emergency, I understand that ever effort will be made to contact the parent/legal guardian of my child.

In the event of emergency or medical situation that either parents/legal guardian can be contacted, I give permission to the staff of Gold Star to seek medical attention in whichever way they believe to be appropriate. I agree to be responsible for any costs that may be incurred from any such action taken.

Developmental screening

I give permission for my child _____ to receive a developmental screening. I understand that I will get verbal and written explanation of the results with recommendation for further evaluation if needed.

Parent signature that all information is correct and up to date
